

| | | | |
|--------------------------|---|------------------------|------------------|
| SERFF Tracking Number: | AGNY-125760173 | State: | Arkansas |
| First Filing Company: | American Home Assurance Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AIC-08-AV-08 | | |
| TOI: | 22.0 Aircraft | Sub-TOI: | 22.0000 Aircraft |
| Product Name: | Aircraft Products/Completed Operations & Grounding Liability - 034706250030 | | |
| Project Name/Number: | Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08 | | |

Filing at a Glance

Companies: American Home Assurance Company, American International South Insurance Company, Commerce and Industry Insurance Company, Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company, The Insurance Company of the State of Pennsylvania

Product Name: Aircraft Products/Completed Operations & Grounding Liability - 034706250030
 SERFF Tr Num: AGNY-125760173 State: Arkansas

| | | |
|---------------------------|-------------------------|--|
| TOI: 22.0 Aircraft | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 22.0000 Aircraft | Co Tr Num: AIC-08-AV-08 | State Status: Fees verified and received |

| | | |
|--|----------------------------|--|
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Llyweyia Rawlins |
| | Author: Monique Myers | Disposition Date: 08/05/2008 |
| | Date Submitted: 08/04/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 09/08/2008 | | Effective Date (New): 09/08/2008 |
| Effective Date Requested (Renewal): 09/08/2008 | | Effective Date (Renewal): 09/08/2008 |

State Filing Description:

General Information

| | |
|--|---------------------------------------|
| Project Name: Aircraft Products/Completed Operations & Grounding Liability Program | Status of Filing in Domicile: Pending |
|--|---------------------------------------|

| | |
|------------------------------|-----------------------------|
| Project Number: AIC-08-AV-08 | Domicile Status Comments: |
| Reference Organization: N/A | Reference Number: N/A |
| Reference Title: N/A | Advisory Org. Circular: N/A |

| | |
|-----------------------------------|--------------|
| Filing Status Changed: 08/05/2008 | |
| State Status Changed: 08/05/2008 | Deemer Date: |

Corresponding Filing Tracking Number:

Filing Description:

The referenced companies (the "Companies") have on file with your Department their Aircraft Products/Completed Operations & Grounding Liability Program (AH-AV-162223). The Companies submit, for your review and approval, the

| | | | |
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| SERFF Tracking Number: | AGNY-125760173 | State: | Arkansas |
| First Filing Company: | American Home Assurance Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AIC-08-AV-08 | | |
| TOI: | 22.0 Aircraft | Sub-TOI: | 22.0000 Aircraft |
| Product Name: | Aircraft Products/Completed Operations & Grounding Liability - 034706250030 | | |
| Project Name/Number: | Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08 | | |

captioned endorsement to be used with this program.

Please refer to the attached Form Listing for information about the form included in this submission.

Company and Contact

Filing Contact Information

| | |
|--------------------------------|------------------------|
| Monique Myers, Filings Analyst | Monique.Myers@AIG.com |
| 175 Water Street | (212) 458-6346 [Phone] |
| New York, NY 10038 | (212) 458-7077[FAX] |

Filing Company Information

| | | |
|--|-------------------------|---------------------------------|
| American Home Assurance Company | CoCode: 19380 | State of Domicile: New York |
| 70 Pine Street | Group Code: | Company Type: |
| New York, NY 10270 | Group Name: | State ID Number: |
| (212) 770-7000 ext. [Phone] | FEIN Number: 13-5124990 | |
| | ----- | |
| American International South Insurance Company | CoCode: 40258 | State of Domicile: Pennsylvania |
| 70 Pine Street | Group Code: | Company Type: |
| New York, NY 10270 | Group Name: | State ID Number: |
| (212) 770-7000 ext. [Phone] | FEIN Number: 02-6008643 | |
| | ----- | |
| Commerce and Industry Insurance Company | CoCode: 19410 | State of Domicile: New York |
| 70 Pine Street | Group Code: | Company Type: |
| New York, NY 10270 | Group Name: | State ID Number: |
| (212) 770-7000 ext. [Phone] | FEIN Number: 13-1938623 | |
| | ----- | |
| Granite State Insurance Company | CoCode: 23809 | State of Domicile: Pennsylvania |
| 70 Pine Street | Group Code: | Company Type: |
| New York, NY 10270 | Group Name: | State ID Number: |
| (212) 770-7000 ext. [Phone] | FEIN Number: 02-0140690 | |
| | ----- | |
| National Union Fire Insurance Company of Pittsburgh, Pa. | CoCode: 19445 | State of Domicile: Pennsylvania |
| 70 Pine Street | Group Code: | Company Type: |

SERFF Tracking Number: AGNY-125760173 State: Arkansas
First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: AIC-08-AV-08
TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft
Product Name: Aircraft Products/Completed Operations & Grounding Liability - 034706250030
Project Name/Number: Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08

| | | |
|--|---|--|
| New York, NY 10270 (212) 770-7000 ext. [Phone] | Group Name: FEIN Number: 25-0687550 ----- | State ID Number: |
| New Hampshire Insurance Company 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone] | CoCode: 23841 Group Code: Group Name: FEIN Number: 02-0172170 ----- | State of Domicile: Pennsylvania Company Type: State ID Number: |
| The Insurance Company of the State of Pennsylvania 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone] | CoCode: 19429 Group Code: Group Name: FEIN Number: 13-5540698 ----- | State of Domicile: Pennsylvania Company Type: State ID Number: |

SERFF Tracking Number: AGNY-125760173 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-08

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aircraft Products/Completed Operations & Grounding Liability - 034706250030

Project Name/Number: Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 per Form Filing

Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| American Home Assurance Company | \$50.00 | 08/04/2008 | 21762624 |
| American International South Insurance Company | \$0.00 | 08/04/2008 | |
| Commerce and Industry Insurance Company | \$0.00 | 08/04/2008 | |
| Granite State Insurance Company | \$0.00 | 08/04/2008 | |
| National Union Fire Insurance Company of Pittsburgh, Pa. | \$0.00 | 08/04/2008 | |
| New Hampshire Insurance Company | \$0.00 | 08/04/2008 | |
| The Insurance Company of the State of Pennsylvania | \$0.00 | 08/04/2008 | |

SERFF Tracking Number: *AGNY-125760173* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-08*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Aircraft Products/Completed Operations & Grounding Liability - 034706250030*
Project Name/Number: *Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08*

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| Approved | Llyweyia Rawlins | 08/05/2008 | 08/05/2008 |

| | | | |
|--------------------------|---|------------------------|------------------|
| SERFF Tracking Number: | AGNY-125760173 | State: | Arkansas |
| First Filing Company: | American Home Assurance Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | AIC-08-AV-08 | | |
| TOI: | 22.0 Aircraft | Sub-TOI: | 22.0000 Aircraft |
| Product Name: | Aircraft Products/Completed Operations & Grounding Liability - 034706250030 | | |
| Project Name/Number: | Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08 | | |

Disposition

Disposition Date: 08/05/2008
Effective Date (New): 09/08/2008
Effective Date (Renewal): 09/08/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

| | | | |
|---------------------------------|--|-------------------------------|-------------------------|
| <i>SERFF Tracking Number:</i> | <i>AGNY-125760173</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>American Home Assurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>AIC-08-AV-08</i> | | |
| <i>TOI:</i> | <i>22.0 Aircraft</i> | <i>Sub-TOI:</i> | <i>22.0000 Aircraft</i> |
| <i>Product Name:</i> | <i>Aircraft Products/Completed Operations & Grounding Liability - 034706250030</i> | | |
| <i>Project Name/Number:</i> | <i>Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08</i> | | |

| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--|--------------------|----------------------|
| Supporting Document | Uniform Transmittal Document-Property & Approved Casualty | | Yes |
| Form | Knowledge of Occurrence and Failure and Approved to Report Endorsement | | Yes |

SERFF Tracking Number: AGNY-125760173 State: Arkansas

First Filing Company: American Home Assurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: AIC-08-AV-08

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aircraft Products/Completed Operations & Grounding Liability - 034706250030

Project Name/Number: Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|--------|--------------|---|----------------------|-------------|-----------------|
| Approved | Knowledge of Occurrence and Failure and to Report Endorsement | AV988 | 05/08 | Endorsement New nt/Amendment/Conditions | | 0.00 | AV988(5-08).pdf |

KNOWLEDGE OF OCCURRENCE AND FAILURE TO REPORT ENDORSEMENT

In consideration of additional premium of \$ _____, this policy is amended as follows:

KNOWLEDGE OF OCCURRENCE

It is agreed that knowledge of an **occurrence** by an agent, servant or employee of the **Insured** will not in itself constitute knowledge by the **Insured** unless such notice has been received by the **Insured's**

INSURED'S FAILURE TO NOTIFY

The **Insured's** rights under this policy will not be affected if it fails to give notice of an accident or **occurrence** solely because it reasonably believed that the accident or **occurrence** was not covered under this policy.

INSURED'S INADVERTENT FAILURE TO REPORT UNDERWRITING INFORMATION

Notwithstanding any other provision(s) of this policy, inadvertent errors or omissions and/or failure in furnishing information, notification or reports required will not prejudice the coverage afforded by this policy provided the Insured notifies the Company within a reasonable time after the error or omission is discovered; provided however, this paragraph does not apply to the **Insured's** obligation to promptly notify and report to the **Aviation Managers** an **occurrence**, loss, claim, suit filed, or any other legal action, as required by this policy.

All other provisions of this policy remain the same.

This endorsement becomes effective _____ to be attached to and hereby made a part of Policy No. _____ issued to _____

By _____

Endorsement No. _____

Date of Issue _____

By  _____
(Authorized Representative)

SERFF Tracking Number: *AGNY-125760173* *State:* *Arkansas*
First Filing Company: *American Home Assurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *AIC-08-AV-08*
TOI: *22.0 Aircraft* *Sub-TOI:* *22.0000 Aircraft*
Product Name: *Aircraft Products/Completed Operations & Grounding Liability - 034706250030*
Project Name/Number: *Aircraft Products/Completed Operations & Grounding Liability Program/AIC-08-AV-08*

Supporting Document Schedules

| | | Review Status: | |
|-------------------------|--|-----------------------|------------|
| Satisfied -Name: | Uniform Transmittal Document- Property & Casualty | Approved | 08/05/2008 |

Comments:

Attachment:

P&C Transmittal Document - AR.pdf

Property & Casualty Transmittal Document

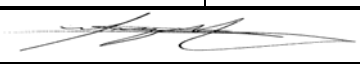
| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| | |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|--|----------|-----------|------------|
| American Home Assurance Company | NY | 012-19380 | 13-5124990 |
| American International South Insurance Company | PA | 012-40258 | 02-6008643 |
| Commerce and Industry Insurance Company | NY | 012-19410 | 13-1938623 |
| Granite State Insurance Company | PA | 012-23809 | 02-0140690 |
| National Union Fire Insurance Company of Pittsburgh, Pa. | PA | 012-19445 | 25-0687550 |
| New Hampshire Insurance Company | PA | 012-23841 | 02-0172170 |
| The Insurance Company of the State of Pennsylvania | PA | 012-19429 | 13-5540698 |

| | |
|-----------------------------------|--------------|
| 5. Company Tracking Number | AIC-08-AV-08 |
|-----------------------------------|--------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|--|----------------|--|---------------|--|
| Monique Myers | Filing Analyst | (212) 458-6346 | (212)458-7077 | Monique.Myers@aig.com |
| 175 Water Street, 17 th Floor New York, NY 10038 | | | | |
| 7. Signature of authorized filer | |  | | |
| 8. Please print name of authorized filer | | Monique Myers | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | 22.0 Aircraft |
| 10. Sub-Type of Insurance (Sub-TOI) | 22.0000 Aircraft |
| 11. State Specific Product code(s)(if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Gold Medallion Comprehensive Business Aircraft Program |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: September 8, 2008 Renewal: September 8, 2008 |
| 15. Reference Filing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 16. Reference Organization (if applicable) | N/A |
| 17. Reference Organization # & Title | N/A |
| 18. Company's Date of Filing | August 4, 2008 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | | |
|-----|---|--------------|
| 20. | This filing transmittal is part of Company Tracking # | AIC-08-AV-08 |
|-----|---|--------------|

| | |
|-----|--|
| 21. | Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|-----|--|

The referenced companies (the "Companies") have on file with your Department their Aircraft Products/Completed Operations & Grounding Liability Program (AH-AV-162223). The Companies submit, for your review and approval, the captioned endorsement to be used with this program.

| | |
|---|---|
| 22. | Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
| Check #: EFT Amount: \$50.00 | |
| Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. | |

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 3

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | AIC-08-AV-08 | | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | AIC-08-AV-08 | | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement Or withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Knowledge of Occurrence and Failure to Report Endorsement | AV988 (5/08) | <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 02 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 08 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 09 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 10 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |
| 11 | | | <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn | | |